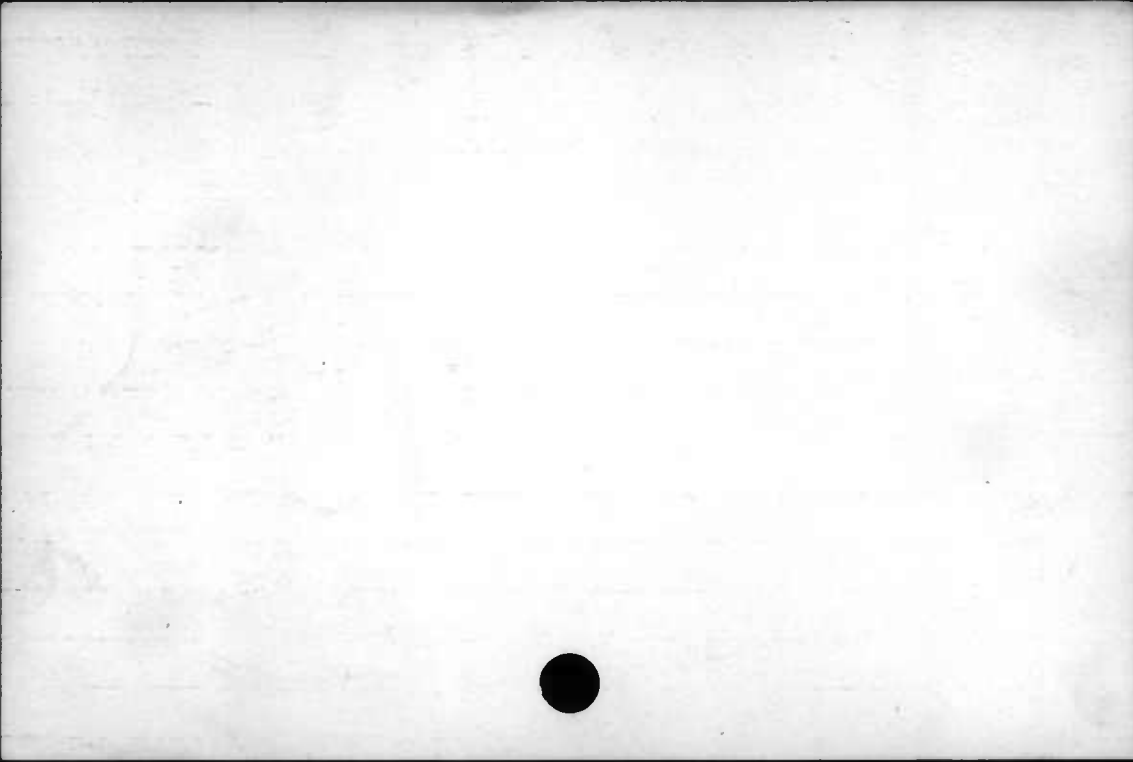


Name in Full		CERTIFICATE OF DEATH			
Rachel Barrager		Tcwn Manchester		County Hancock	
Died at		MARYLAND			
Date of death	1908	Month	1	Day	2
Age	76	Months	3	Days	14
Sex	Female	Color or Race	White	Birth-place	at Manchester
Occupation	House wife -	Where Residing if not at place of death Manchester			
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs Barrager		
Father's Name	John Hank	Father's Birthplace	7		
Mother's Maiden Name	- Webster	Mother's Birthplace	7		
Name of person giving information	Edward Barrager	How related to deceased	Wife -		
CAUSES OF DEATH					
Primary	Pneumonia	How long	Five days		
Immediate	Pneumonia	How long	Five days.		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Preston M. D.			
		Address Manchester, Md.			
Accident or Suicide?					



Name
in
Full

Annie M. Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

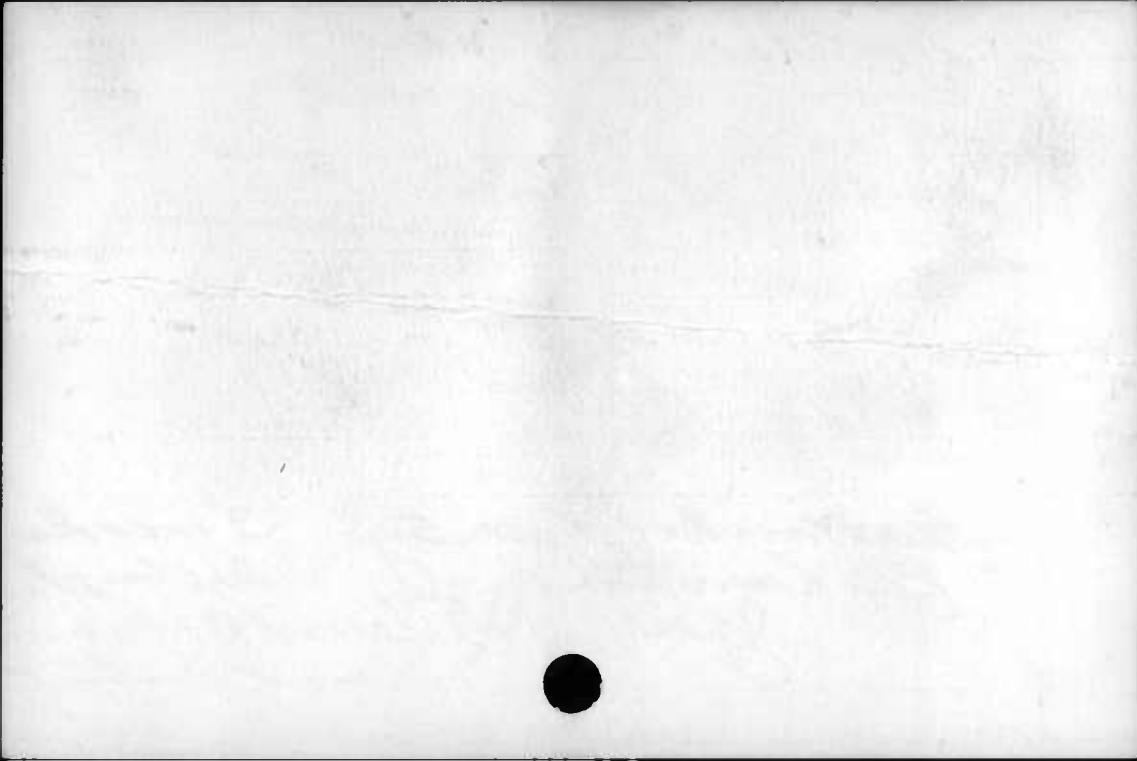
Died at <i>Sykesville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>January</i> ^{Month}	<i>Second</i> ^{Day}	Age <i>76</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>-</i>	<i>Hays</i>		Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>Geo. H. Clark</i>			How related to deceased <i>Son-in-law.</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senile Dementia</i>	How long <i>Over 1 year</i>
Immediate <i>Exhaustion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris, M.D.</i>
	Address <i>Springfield State Hospital Sykesville, Carroll Co., Md</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Biddle*
Town *Union Mills* County *Garrall*

MARYLAND

Died at *Union Mills*
Date of death *1908* Month *Jan* Day *11* Age *48* Years Months *9* Days *14*

Sex *Male* Color or Race *White* Birth-place _____
Occupation *Farmer* Where Residing if not at place of death _____

Married, Single or Widowed *Married* Name of Wife or Husband _____

Father's Name *Henry Biddle*

Father's Birthplace *Littletown*

Mother's Maiden Name *Bertha Lanenray*

Mother's Birthplace *Littletown*

Name of person giving information *Wife*

How related to deceased

CAUSES OF DEATH

14

Primary *Gastric dysentery*

How long *3 weeks*

Immediate *Exhaustion*

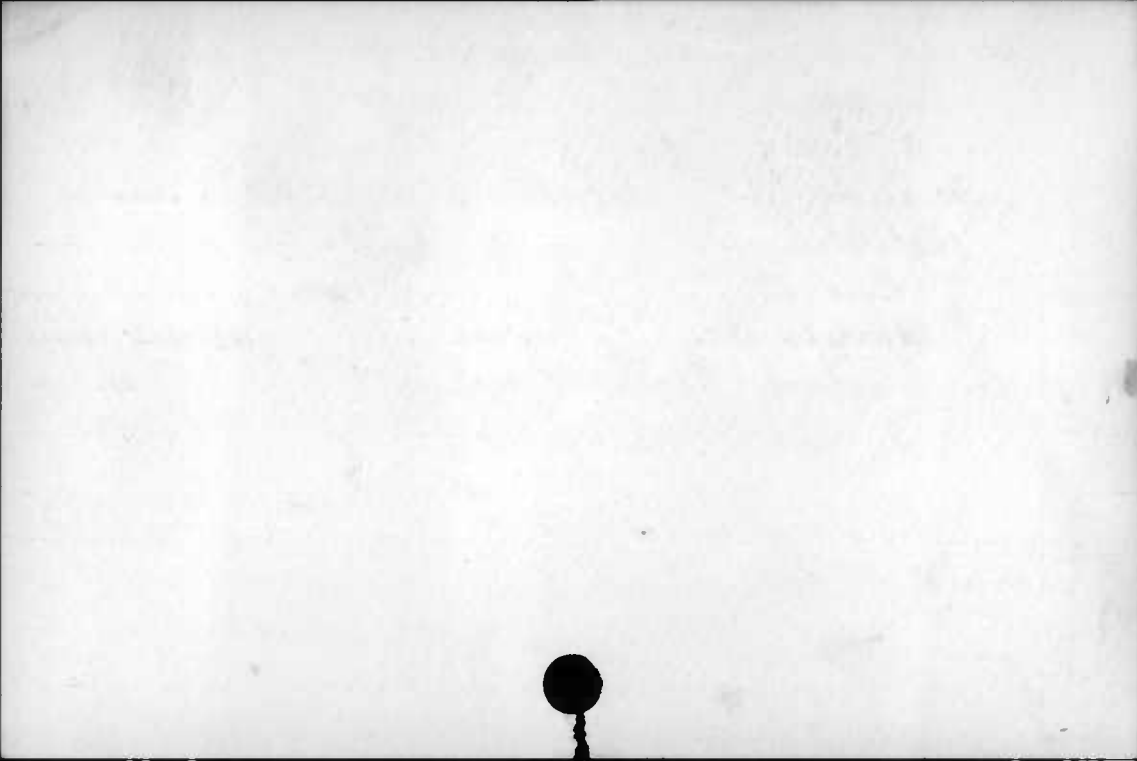
How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *G. Lewis*

Address *Union Mills*

Accident or Suicide?



Name
in
Full

Mary Catharine Bloom

301
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at Sandyville ^{Town} Carroll ^{County} MARYLAND

Date of death 1908 ^{Month} Jan ^{Day} 18 ^{Age} 77 ^{Years} — ^{Months} — ^{Days}

Sex Female Color or Race white Birth-place Maryland

Occupation Retired Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Abraham. Bloom Father's Birthplace Maryland

Mother's Maiden Name Mary Witeschew Mother's Birthplace Id

Name of person giving information Willie Glater How related to deceased Niece

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary Old age How long —

Immediate Acute Bronchitis - Heart Failure How long 10 days -

Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician Jas. H. Billingslea M.D.

Address Westminster Md

Accident or Suicide? No

Bethu Cem Carroll

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Silver Spring</u> ^{Town}		<u>Garrett</u> ^{County}		MARYLAND	
Date of death	1907	Month	Jan	Day	4
Age	22	Years	2	Months	11
Sex	Female	Color or Race	White	Birth place	Ind. Tenn.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Oliver D. Boose		
Father's Name	Wm H. Collins		Father's Birthplace	Graham Co	
Mother's Maiden Name	Florence Sherman		Mother's Birthplace	Graham Co	
Name of person giving information	Oliver D. Boose		How related to deceased	Husband	

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<u>Child birth</u>		How long	—
Immediate	<u>Puerperal Septicemia</u>		How long	10 days
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	G. Lewis West
			Address	Union Mills Ind.
Accident or Suicide?	No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

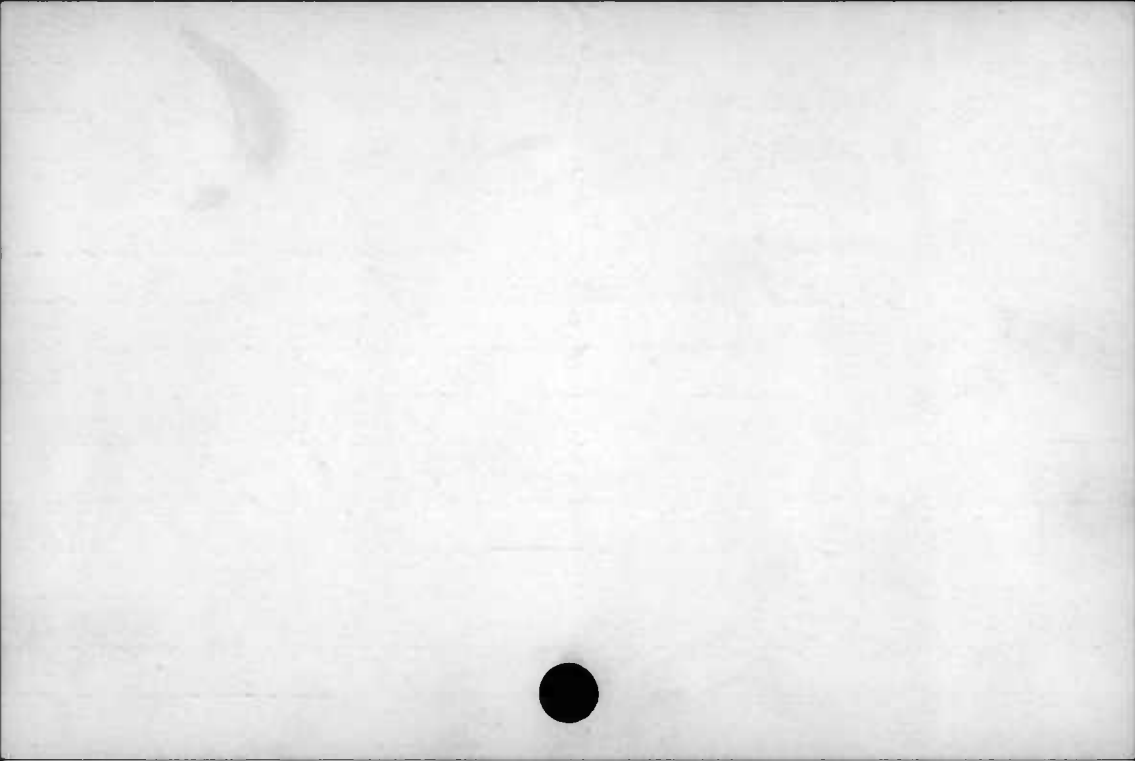
Name in Full <i>John William Bowie</i>		Town <i>Oakland</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>Oakland</i>		Month <i>Jan</i>		Day <i>1st</i>		Age <i>59</i>	
Date of death 190 <i>8</i>		Month <i>Jan</i>		Day <i>1st</i>		Age <i>59</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>		Months <i>13</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Fireman</i>					
Name of Wife or Husband <i>Aelen Bowie</i>							
Father's Name <i>Isaac Bowie</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Sarah Connor</i>		Mother's Birthplace <i>Virginia</i>					
Name of person giving information <i>Aelen Bowie</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Paralysis of Cardiac Nerve</i>	How long <i>Immediate</i>
Immediate <i>Shock & Suffocation</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. H. Ward, M.D.</i>
	Address <i>Harrisonville</i>
Accident or Suicide? <i>No</i>	<i>Ballo. Co. Md.</i>



Name
in
Full

296
CERTIFICATE OF DEATH

Emma J. Bruce

Town

County

MARYLAND

Died at

Westminster

Carroll

Date

Month

Day

Years

Months

Days

of death

1908 Jan

6

Age

54

Sex

Female

Color or
Race

Colored

Birth-
place

Virginia

Occupation

House Wife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Isaac Bruce

Father's
Name

Alexander. Rose

Father's
Birthplace

Virginia

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Isaac Bruce

How related
to deceased

Husband

CAUSES OF DEATH

10

Primary

Grip.

How long

one week

Immediate

Cerebral Apoplexy

How long

instantaneous

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Henry M. Frazier

Address

Westminster

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ellsworth

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Daniel J. Carroll

Town

Lykesville

County

Carroll

MARYLAND

Died at

Date

of death

1908

Month

Jan.

Day

15

Years

31

Age

Months

—

Days

—

Sex

male

Color or
Race

White

Birth-
place

Maryland

Occupation

Painter

Where Residing if not
at place of death

Springfield State Hosp.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Frederick Carroll

Father's
Birthplace

S. C.

Mother's
Maiden Name

Mary E. Donohue

Mother's
Birthplace

Md.

Name of person giving
in information

Hospital Record

How related
to deceased

CAUSES OF DEATH

67

Primary

General Paralysis

How long

2 1/2 yrs.

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

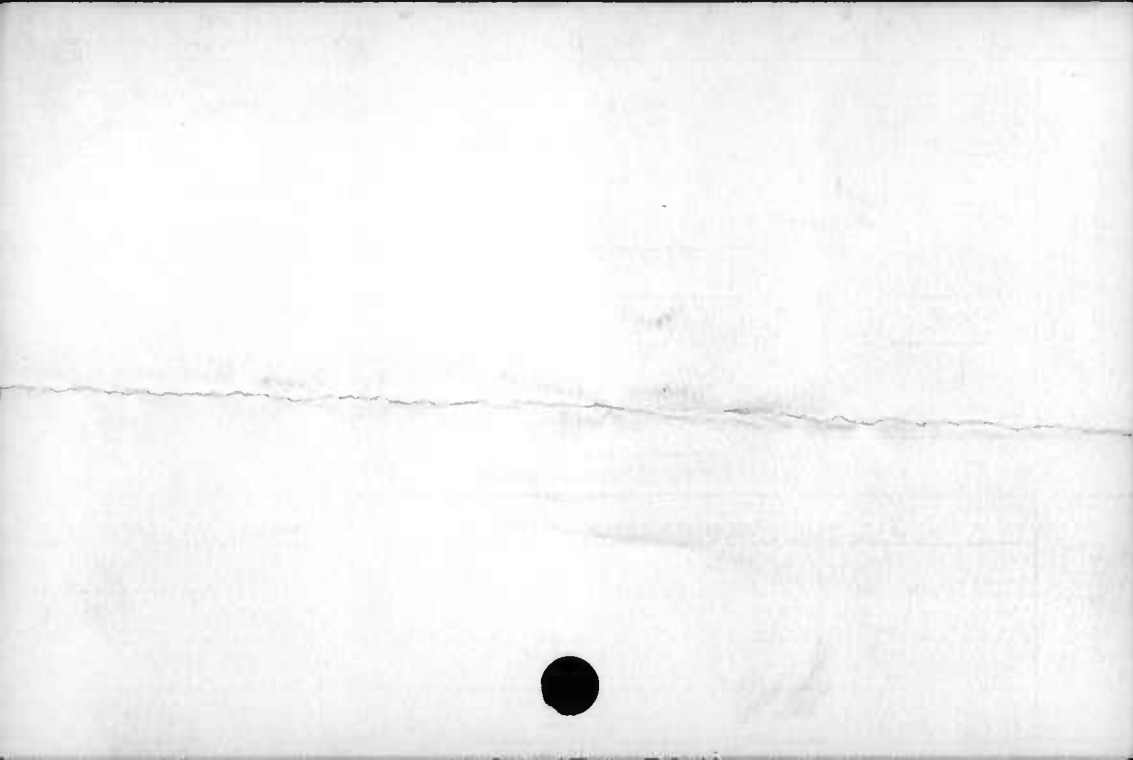
J. C. Clarke

Lykesville,

Springfield State Hosp. Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Sallie H. Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

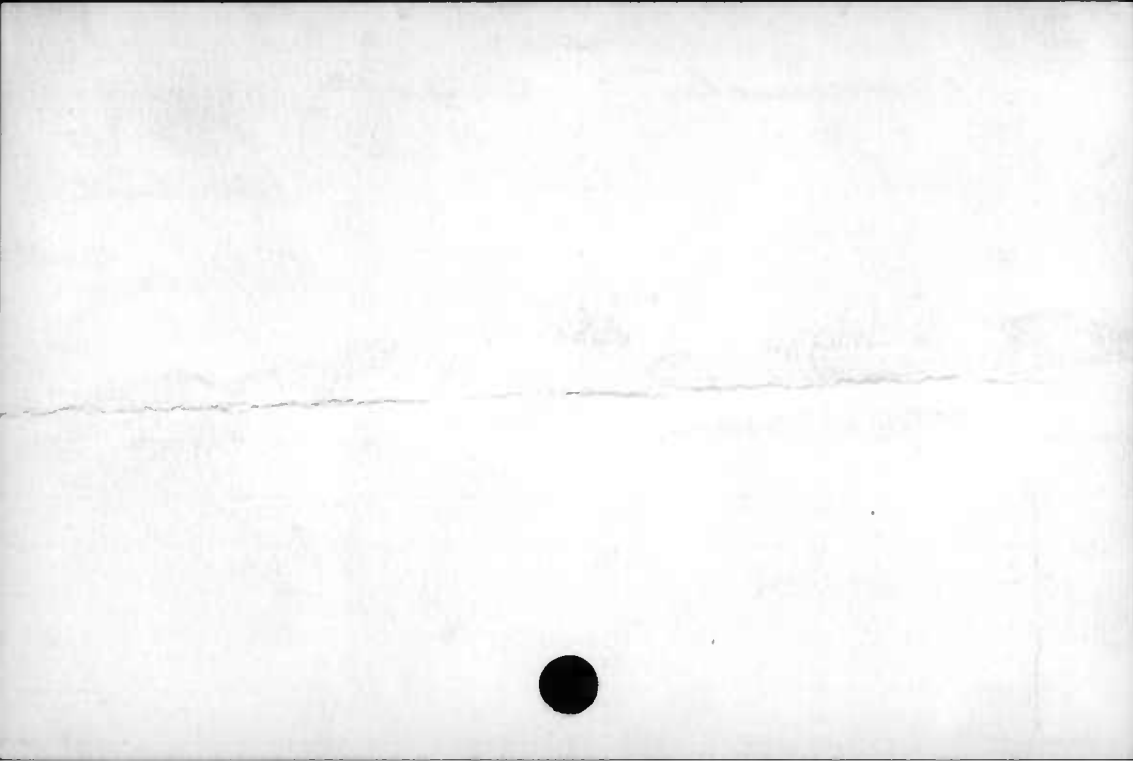
Died at <i>Sykesville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>18th</i>	Age <i>51</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ma.</i>		
Occupation <i>Stenographer</i>		Where Residing if not at place of death <i>—</i>			
Married , Single or Widowed		Name of Wife or Husband <i>—</i>			
Father's Name <i>Ephram Collins</i>			Father's Birthplace <i>Ma.</i>		
Mother's Maiden Name <i>Sallie H. Hammond</i>			Mother's Birthplace <i>Ma.</i>		
Name of person giving information <i>Harry L. Collins</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Chronic Melancholia</i>	How long <i>about 2 years.</i>
Immediate <i>Exhaustion from Malnutrition</i>	How long <i>over 1 mo.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
<i>9</i>	Address <i>Springfield State Hospital Sykesville, Carroll Co. Ma.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Daniel Coltrider

302
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>Jan</i> <small>Month</small>	<i>19</i> <small>Day</small>	<i>91</i> <small>Years</small>	<i>7</i> <small>Months</small>	<i>18</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Retired</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Mary Coltrider</i> <small>read</small>				
Father's Name <i>Frederick Coltrider</i>	Father's Birthplace <i> Md</i>				
Mother's Maiden Name <i>Don't Know</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Harry Freyman</i>			How related to deceased <i>Son in Law.</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

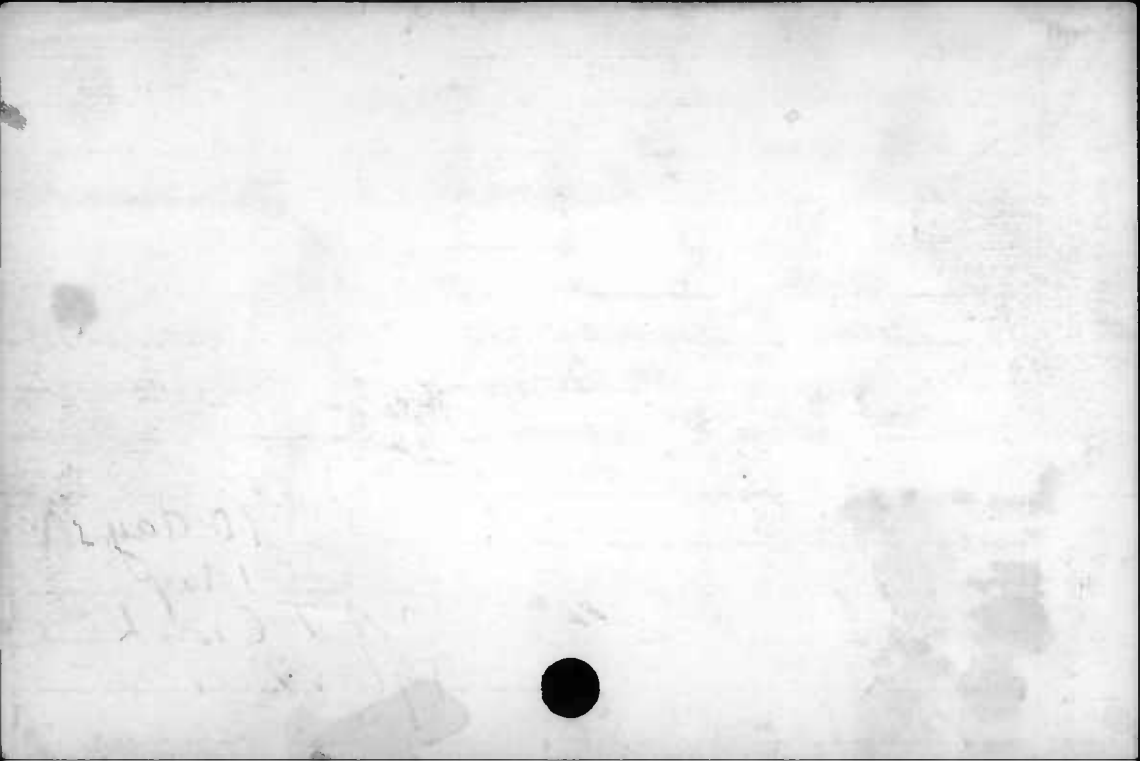
Primary <i>Senility</i>	How long <i>6 or 8 yrs</i>
Immediate <i>Nephritis</i>	How long <i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. R. Fouts</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>No</i>	<i>Md</i>

~~Handwritten text~~
Meadow Branch

Cumley

Stoner

Name in Full		Town		County		CERTIFICATE OF DEATH	
Ralph O. Cross		Woodbine		Carroll		MARYLAND	
Died at		Date of death		Age		Months	
		1908 Jan 17		62		11	
Sex		Color or Race		Birth-place			
Male		White		Ballinor Creek Md			
Occupation		Where Residing if not at place of death					
Collector		Woodbine					
Married, Single or Widowed		Name of Wife or Husband					
Not		V. R. Cross long since dead					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					
Dante		Dante					
CAUSES OF DEATH							
Primary		How long					
Griff		10 days					
Immediate		How long					
Heart Exhaustion		1 day					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
yes		A T Crook					
		Address					
		Taylorsville					
Accident or Suicide?							
Carroll Co.							



Name
in
Full

Walter Cross

308

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westminster ^{Town}		Carroll ^{County}		MARYLAND	
Date of death 1908	Month Jan	Day 23	Age 2 Years	Months 5	Days 23
Sex Male		Color or Race Colored		Birth-place Maryland	
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed Single		Name of Wife or Husband —			
Father's Name John T. Cross			Father's Birthplace Maryland		
Mother's Maiden Name Eva J. McElaine			Mother's Birthplace Maryland		
Name of person giving information John T. Cross			How related to deceased Father		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary Broncho-Pneumonia	How long 3 days
Immediate Heart Failure	How long 2 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician S. Luther Bane
	Address Westminster Md.
Accident or Suicide? —	

Ellsworth cemetery
Stones

Name
in
Full

Mrs Margaret Ann Dawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Sykesville* ^{Town} *Carroll* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *July* ^{Day} *6* ^{Years} *77* ^{Months} *6* ^{Days} *2*

Sex *Female* Color or Race *white* Birth-place *Balto Co. Md*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *John Dawson*

Father's Name *Freeborn Shupley* Father's Birthplace *Carroll Co—*

Mother's Maiden Name *Mary A. Shupley* Mother's Birthplace *Howard Co*

Name of person giving information *Mary J. Blackburn* How related to deceased *Sister*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic Interstitial Nephritis* How long *16 months*

Immediate *Exhaustion & Mercanic poisoning* How long *several days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Daniel B. Sprecher*

Address *Sykesville Md*

Accident or Suicide? *—*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Andrew J. M. Dorsey		Town Sylkesville		County Carroll		MARYLAND	
Died at Sylkesville		Month Jan		Day 16		Years 63	
Date of death 1908 Jan 16		Age 63		Months -		Days -	
Sex male		Color or Race White		Birth-place Ind.			
Occupation Farmer		Where Residing if not at place of death Springfield State Hosp					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Essex A Dorsey		Father's Birthplace Ind					
Mother's Maiden Name Unknown		Mother's Birthplace					
Name of person giving information Hospital records		How related to deceased					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Senile Dementia		How long 20 yrs.	
Immediate Exhaustion		How long 3 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. C. Leach	
		Address Sylkesville	
Accident or Suicide?		Springfield State Hosp. Ind.	



Name
in
Full

Miss Hattie

Doyle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

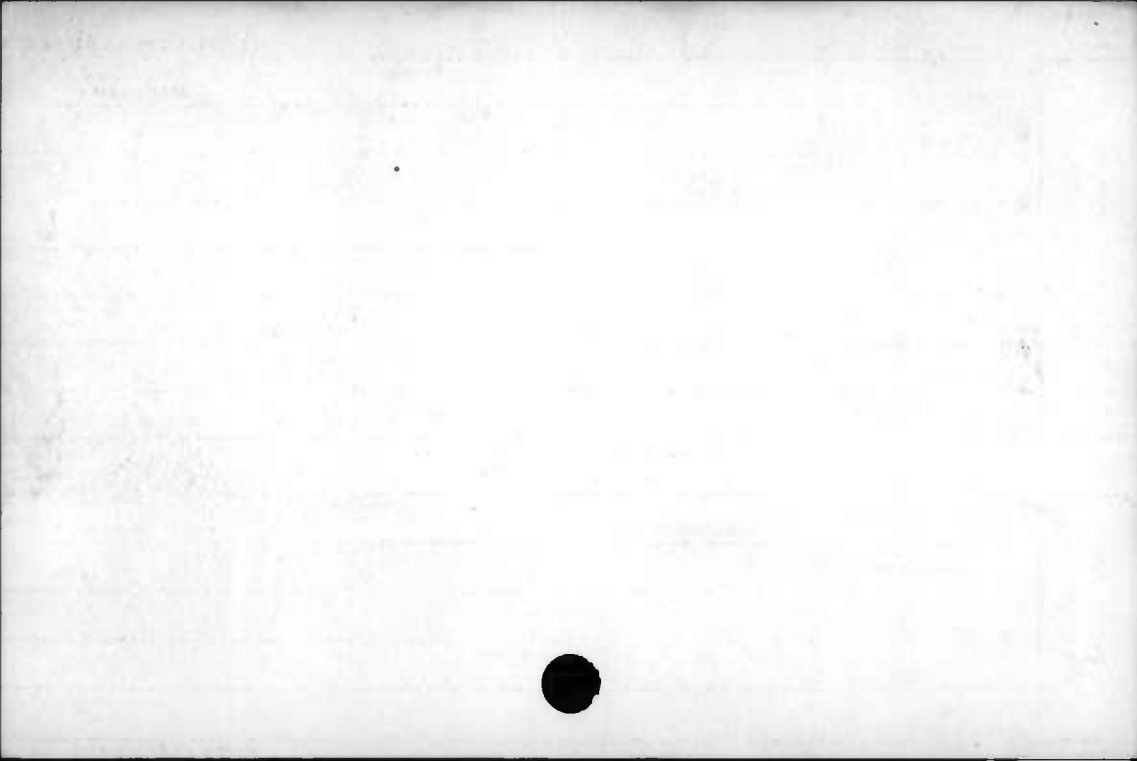
Died at <u>Sykesville</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>10</u>	Age <u>62</u>	Years <u>11</u>	Months <u>2</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Montg Co. Ind.</u>		
Occupation <u>Sewing</u>			Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Hilliary Doyle</u>			Father's Birthplace <u>New York</u>		
Mother's Maiden Name <u>Thompson</u>			Mother's Birthplace <u>Montg Co. Ind.</u>		
Name of person giving information <u>Walter C. Brown</u>			How related to deceased <u>By marriage</u>		

CAUSES OF DEATH

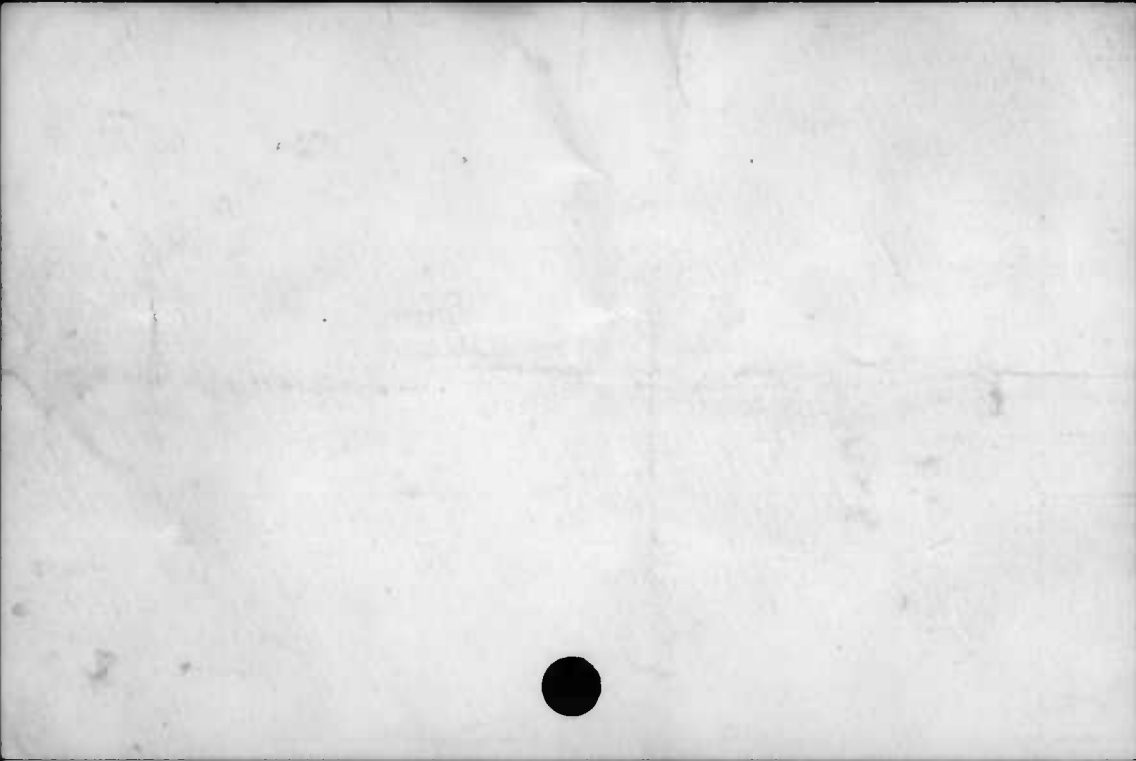
74

PHYSICIAN
OR CORONER

Primary <u>Multiple Neuritis & Palsy</u>	How long <u>Several years</u>
Immediate <u>Exhaustion</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Daniel B. Sprecher</u>
	Address <u>Sykesville, Ind.</u>
Accident or Suicide? <u> </u>	



Name in Full		Mary Margaret Duwall				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <i>Marriottsville</i>		^{County} <i>Carroll</i>		MARYLAND			
	Date of death	<i>1908</i>	Month	<i>Jan.</i>	Day	<i>19</i>	Age	<i>1</i>
			Years		Months		Days	
					<i>4</i>		<i>23</i>	
	Sex	<i>Female</i>		Color or Race	<i>White</i>			
	Occupation	<i>none</i>		Birth-place	<i>Carroll Co. Md.</i>			
			Where Residing if not at place of death		<i>same</i>			
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed		<i>—</i>		Name of Wife or Husband			
	Father's Name		<i>Chas. W. Duwall</i>		Father's Birthplace			
					<i>Md.</i>			
	Mother's Maiden Name		<i>Bessie E. Bopst</i>		Mother's Birthplace			
						<i>Md.</i>		
TO BE ANSWERED BY NEAREST FRIEND	Name of person giving information		<i>Bessie E. Bopst</i>		How related to deceased			
					<i>mother</i>			
	CAUSES OF DEATH							
	<div> <div>Primary</div> <div><i>Whooping Cough</i></div> <div>How long</div> <div><i>5 weeks</i></div> </div>							
	<div> <div>Immediate</div> <div><i>Pneumonia</i></div> <div>How long</div> <div><i>1 week</i></div> </div>							
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician			
					<i>M. D. Loeber</i>			
	Address		<i>Elmhurst</i>					
Accident or Suicide?		<i>no</i>						



Name
in
Full

Tobias H Eckenrode

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

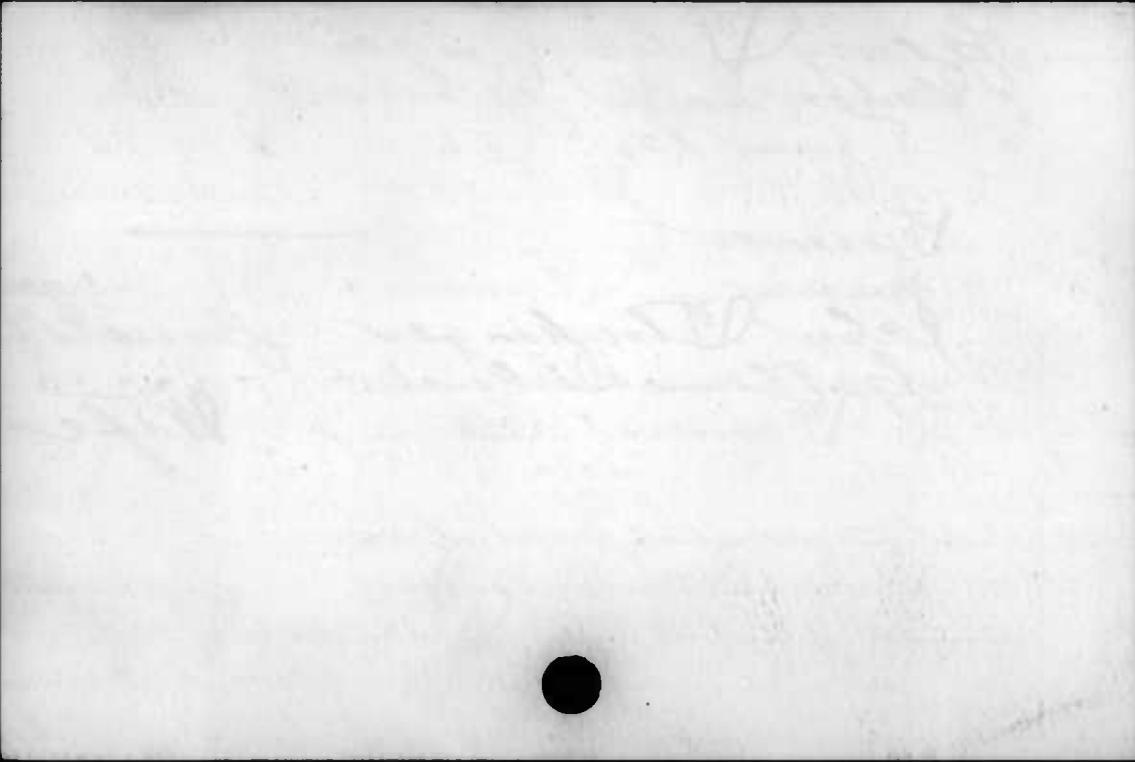
Died at <u>Taneytown</u> <small>Town</small>			<u>Barroll</u> <small>County</small>			MARYLAND		
Date of death <u>1908</u>		<u>1</u> <small>Month</small>	<u>2</u> <small>Day</small>	Age <u>71</u>	<u>11</u> <small>Months</small>	<u>4</u> <small>Days</small>		
Sex <u>Male</u>		Color or Race <u>White</u>			Birth-place <u>Adams Co Pa</u>			
Occupation <u>Retired Merchant</u>				Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mary A Eckenrode</u>						
Father's Name <u>John Eckenrode</u>		Father's Birthplace <u>Barroll Co Ind</u>						
Mother's Maiden Name <u>Mary A Hoover</u>		Mother's Birthplace <u>Ind Co Ind</u>						
Name of person giving information <u>James A Eckenrode</u>		How related to deceased <u>Son</u>						

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Apoplectic Stroke</u>	How long	<u>few minutes</u>
Immediate	<u>Apoplexy</u>	How long	<u>few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Chandos M. Bennett</u>	
		Address <u>Taneytown Ind</u>	
Accident or Suicide? <u>No</u>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry F. Flickinger</i>		Town <i>Union Mills</i>		County <i>Garnoll</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>Jan.</i>	Day <i>12</i>	Years <i>76</i>	Months <i>9</i>	Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Garnoll Md</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Union Mills</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Francis C. Flickinger</i>					
Father's Name <i>John Flickinger</i>		Father's Birthplace <i>Garnoll Md</i>					
Mother's Maiden Name <i>Catherine Dickensheet</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Francis C. Flickinger</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Ant. Hepatitis. Cerebral apoplexy</i>	How long <i>1 1/2 years</i>
Immediate <i>Uremic convulsions</i>	How long <i>9 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Lewis Webster</i>
	Address <i>Union Mills</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Louisa Folge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

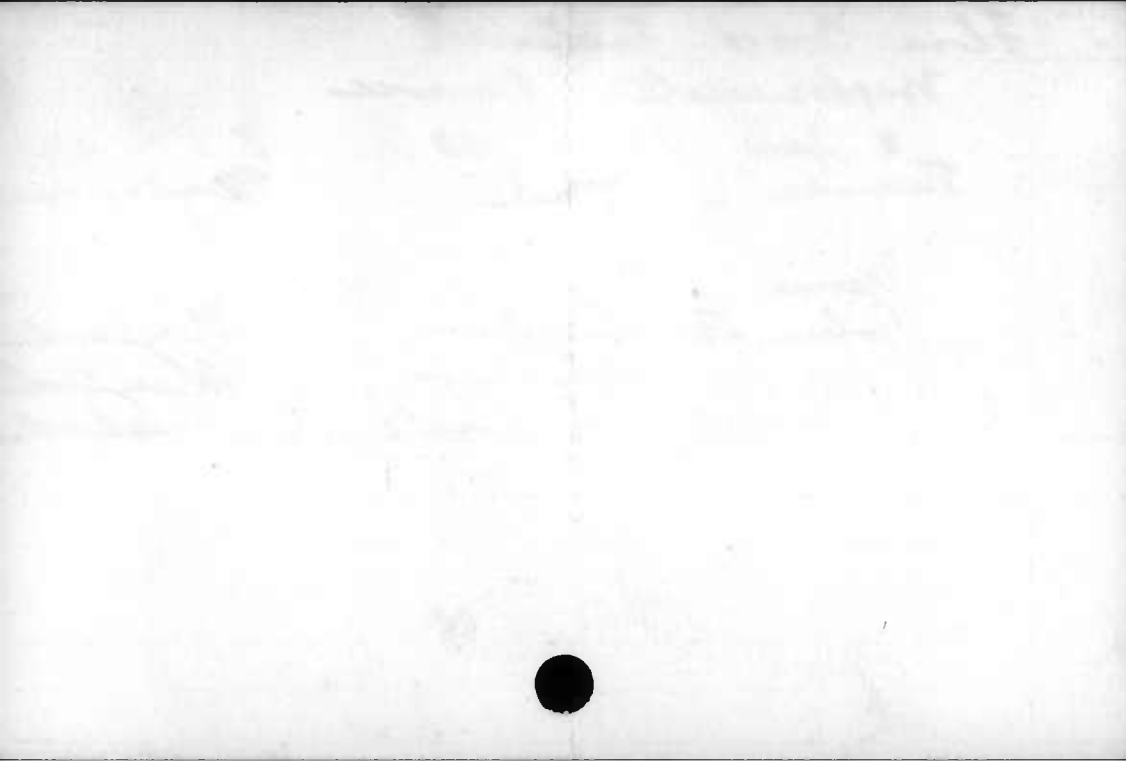
Died at *Springfield Hospital - Sykesville - Carroll* Town CountyDate of death *1908* Month *January* Day *29th* Age *76* Years Months *—* Days *—*Sex *Female* Color or Race *White* Birth-place *Germany*Occupation *House keeper* Where Residing if not at place of deathMarried, Single or Widowed *Widowed* Name of Wife or Husband *Unknown -*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*Name of person giving information *Hospital records* How related to deceased

CAUSES OF DEATH

154

PHYSICIAN
OR CORONERPrimary *Senile Dementia* How long *?*Immediate *Exhaustion* How long *1 week.*Are the name, age, sex, color, date and place correctly given above? *yes.* Signature of Physician *W. Henry Fisher M.D.*Address *Sykesville Md.*

Accident or Suicide?



Name
in
Full

Flora Grace Frederick

311

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month <i>Jan</i>	Day <i>31</i>	Age <i>33</i>	Years	Months <i>7</i>	Days <i>30</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas C. Frederick</i>					
Father's Name <i>John B. Saylor</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Archie E. Guber</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving in formation <i>Thomas C. Frederick</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Carcinoma of Uterus</i>	How long <i>1 yr.</i>
Immediate <i>invasion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry W. Fitch</i>
<i>Q</i>	Address <i>Westminster, Md</i>
Accident or Suicide?	

Westminster Cemetery
Flower.

Name
in
Full304
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Mary Jane Frizzell

Died at ^{Town} Westminster^{County} Carroll

MARYLAND

Date of death 1908 Jan 22

Day

Age 54

Years

Months 11

Days 18

Sex Female

Color or Race

White

Birth-place

Maryland

Occupation

House Wife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Robert E Frizzell

Father's Name

William H Bell

Father's Birthplace

Maryland

Mother's Maiden Name

Mary Sanders

Mother's Birthplace

do

Name of person giving information

Carrie Frizzell

How related to deceased

daughter

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

6 months

Immediate

Heart Failure

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

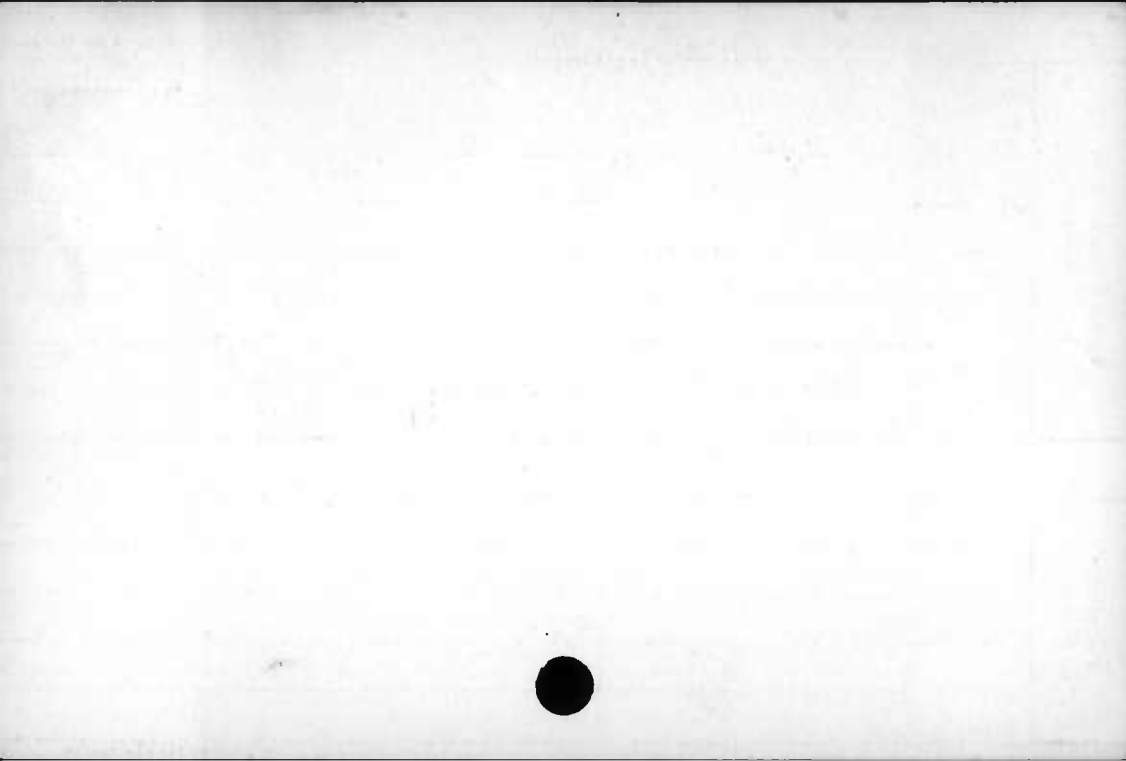
Signature of Physician

Address

Jas. H. Bolling M.D.
Westminster Md.

Accident or Suicide?

No



Name
in
Full

David J. Barger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Waterloo ^{Town} Barren ^{County}

Date of death 1908 ^{Month} July ^{Day} 16 ^{Age} 67 ^{Years} 6 ^{Months} 1 ^{Days} 1

Sex Male Color or Race White Birth-place not known

Occupation Farmer Where Residing if not at place of death Waterloo

Married, Single or Widowed married Name of Wife or Husband Mary

Father's Name not known Father's Birthplace not known

Mother's Maiden Name not known Mother's Birthplace not known

Name of person giving information B. H. Brown How related to deceased ✓

CAUSES OF DEATH

(64)
How long

How long

PHYSICIAN
OR CORONERPrimary apoplexy

Immediate

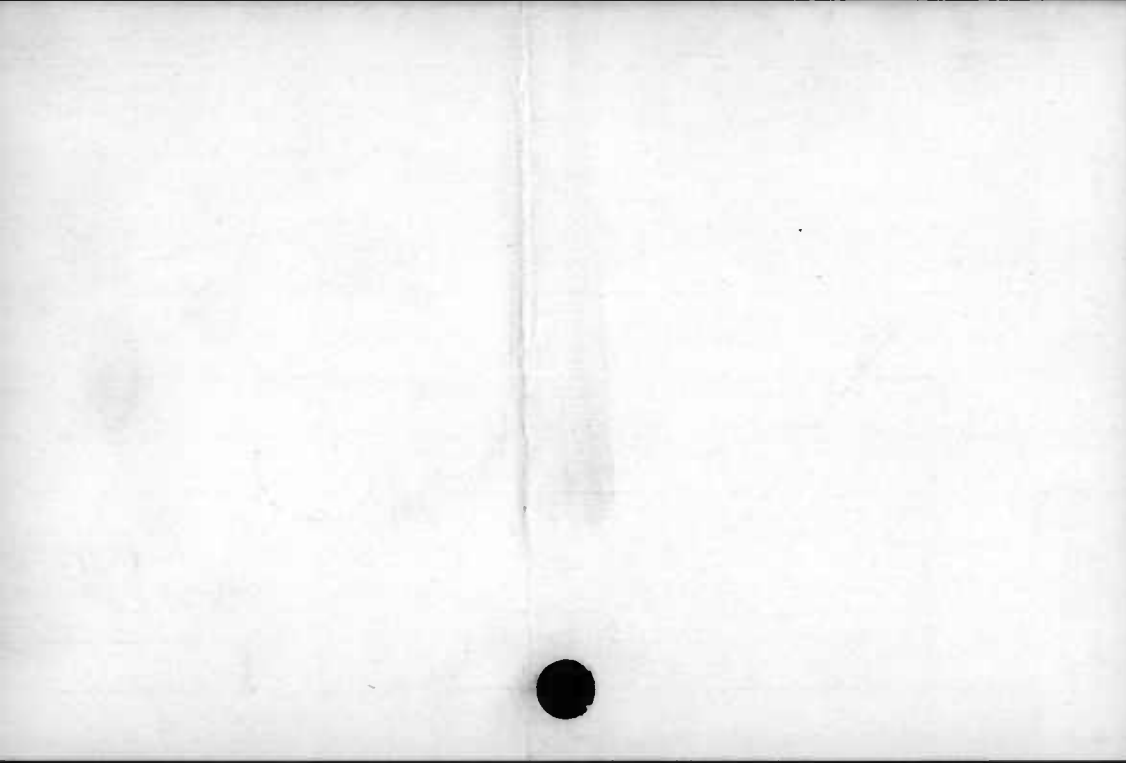
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

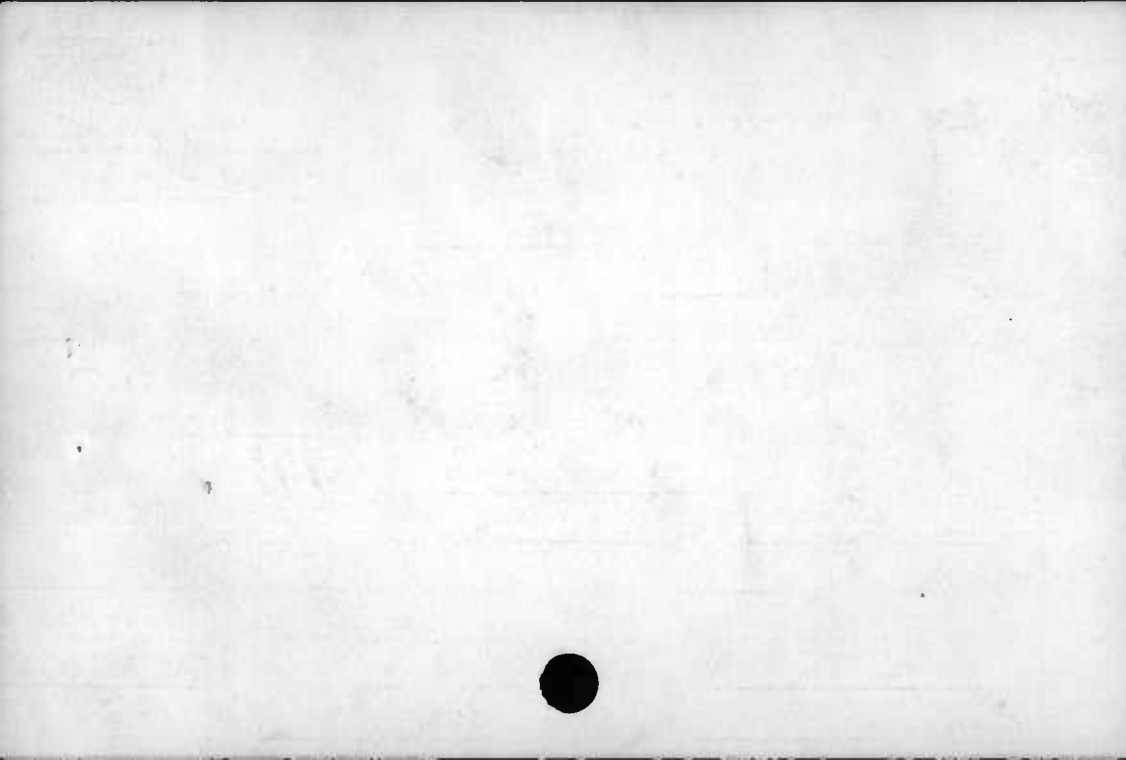
Address

Accident or Suicide?

Frank J. Lewis
Brown
11-11-08



Name in Full Clara Belle Hough		Town Canollton		County Carroll		CERTIFICATE OF DEATH	
Died at		Date of death 1908		Month 1		Day 21	
Age 34		Years 10		Months 10		Days	
Sex Female		Color or Race White		Birth-place Portlebury, Md.			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband John Hough					
Father's Name Frederick Towble		Father's Birthplace Portlebury, Md.					
Mother's Maiden Name Annie Bosley		Mother's Birthplace Manchester, Md.					
Name of person giving information John Hough		How related to deceased Husband					
<div>CAUSES OF DEATH</div> <div>79</div>							
Primary Palmar disease of Heart		How long Sudden death					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician E. M. Sullivan M.D.					
		Address 146 E. Main St.					
		Westminster, Md.					
Accident or Suicide?							



Name
in
Full300
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

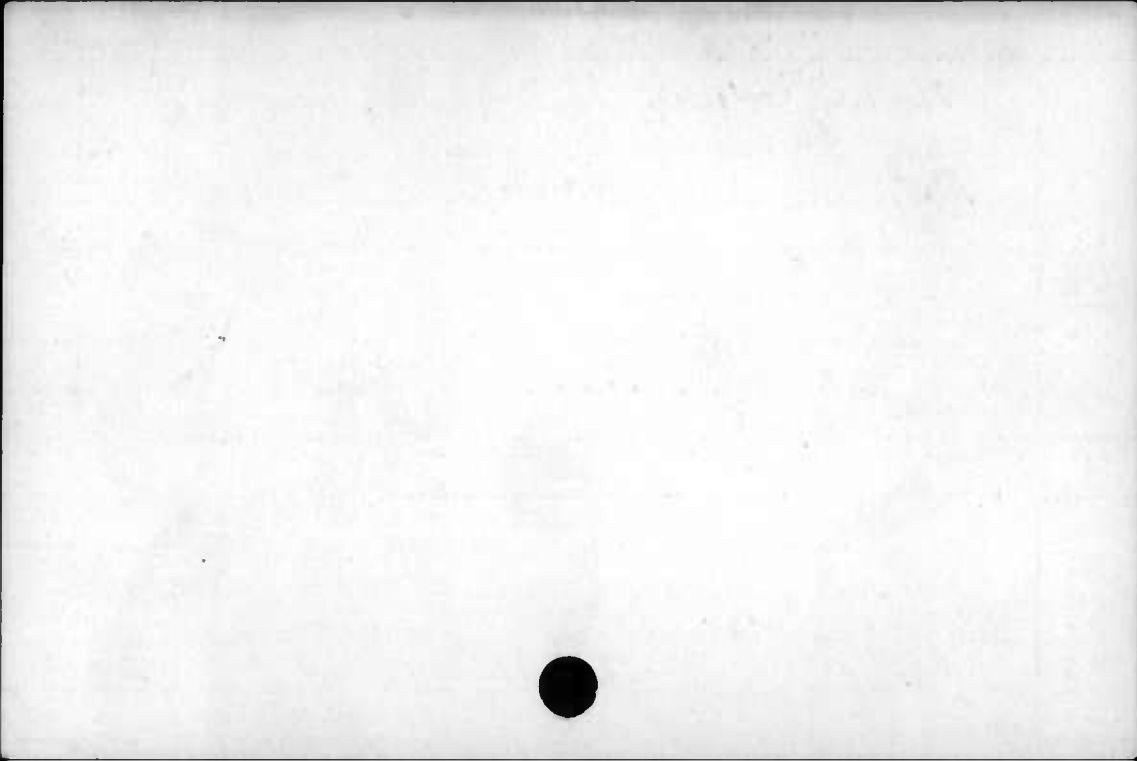
Died at <i>Westminster</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death	1908	Month	Jan	Day	18
Age	88	Years	88	Months	11
Sex	Female	Color or Race	white	Birth-place	Maryland
Occupation	General house work				
Where Residing if not place of death					
Married, Single or Widowed	Widow	Name of Wife Husband	William L Huff		
Father's Name	Nichodemus Sier	Father's Birthplace	Maryland		
Mother's Maiden Name	Nancy Glass	Mother's Birthplace	do		
Name of person giving information	Sarah C Sheeler	How related to deceased	Daughter		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Age enfeblement		How long	
Immediate	Pneumonia		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	D. A. Shipley, M.D.
			Address	Westminster Md.
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth Jenkins
Town Eldersburg County Carroll

MARYLAND

Died at Date of death 1908 Jan. 25 Age 81 Months 4 Days 14

Sex Female Color or Race White Birth-place Carroll Co. Md

Occupation none Where Residing if not at place of death same

~~Married, Single~~
WidowedName of Wife or
Husband —

Father's Name Cornelia Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving information Wm R. Jenkins

How related to deceased Son

CAUSES OF DEATH

93

Primary Senility

Immediate Pneumonia

How long 4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

M D Morris
Eldersburg
Md

Accident or Suicide?

—

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Union Green</u> Town		<u>Cumsville</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>10</u>	Age <u>69</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cornell Co</u>		
Occupation <u>Housework</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>John St Jordan</u>				
Father's Name <u>Tobias Covey</u>		Father's Birthplace <u>Indiana Co</u>			
Mother's Maiden Name <u>Elizabeth Hudson</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Mrs. Englar</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Thickened Abdominal Tumor</u>	How long <u>4 years</u>
Immediate <u>Vomiting from gastric ulcer</u>	How long <u>8 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. E. J. J. J.</u>
	Address <u>Union Green</u>
Accident or Suicide? <u>no</u>	



Name
in
Full

Esther Ann Leas

303
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	Month <i>8</i>	Day <i>20</i>	Years <i>74</i>	Months <i>8</i>	Days <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death _____				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Leas</i>				
Father's Name <i>Joseph Spencer</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Nancy Brooks</i>	Mother's Birthplace <i>do</i>				
Name of person giving information <i>Joseph Leas</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Old age</i>	How long _____
Immediate <i>Grippe & Heart Failure</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Billingslee M.D.</i>
	Address <i>Westminster Md.</i>
Accident or Suicide? <i>No</i>	

2100 10 10 10



Name in Full		299 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Westminster</i> Town		County <i>Barnes</i>	
		Date of death <i>1908</i> Month <i>Jan</i> Day <i>12</i>		Age <i>72</i> Years Months <i>10</i> Days <i>1</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>	
		Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Home</i>	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Patrick Mc Keener</i>	
		Father's Name <i>Jos Thomas Simmett</i>		Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Ellen Stafford</i>		Mother's Birthplace <i>Ireland</i>			
Name of person giving information <i>Patrick Mc Keener</i>		How related to deceased <i>Husband</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Fracture Rib. Pneumonia</i>		How long <i>2 weeks</i>	
		Immediate <i>Heart Failure</i>		How long <i>18 hours</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. R. Foutz</i>	
		Address <i>Westminster, Md.</i>			
Accident or Suicide? <i>—</i>					

St Johns cemetery
Staten.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

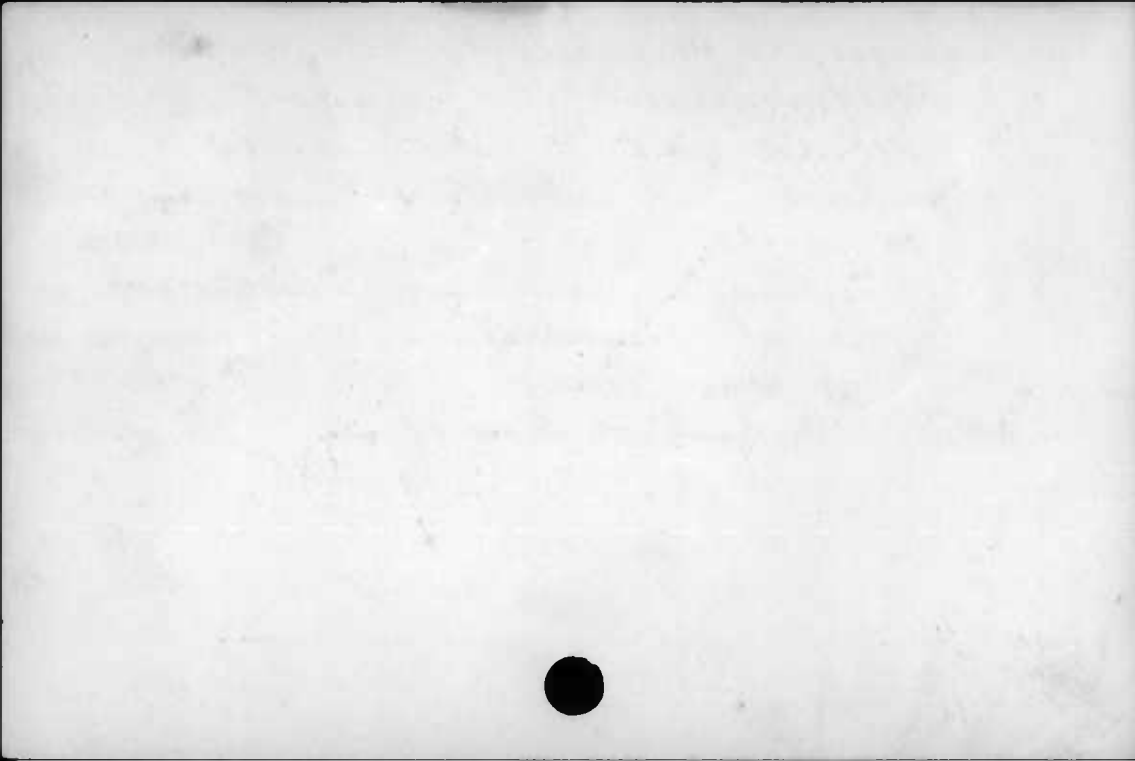
Name in Full <i>Emma G. Martin</i>		Town <i>Plasent Valley</i>		County <i>Garsoll</i>		MARYLAND	
Died at <i>Plasent Valley</i>		Date of death <i>1908 Jan 24</i>		Age <i>9</i>		Months <i>4</i>	Days <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Plasent Valley Md</i>					
Occupation _____		Where Residing if not at place of death _____					
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Jacob Martin</i>		Father's Birthplace <i>York Co. Pa.</i>					
Mother's Maiden Name <i>Martha R. Myers</i>		Mother's Birthplace <i>Garsoll Md</i>					
Name of person giving information <i>Martha R Martin</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Traumatic peritonitis</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. Lewis Welch M.D.</i>
<i>Due to a fall</i>	Address <i>Union Mills Ind.</i>
Accident or Suicide? _____	



Name
in
Full309
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Anna E Maulsby</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Westminster</i>		Month <i>Jan</i>		Day <i>29</i>		Age <i>88</i>	
Date of death <i>1908 Jan 29</i>		Years <i>88</i>		Months <i>10</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>William P Maulsby</i>					
Father's Name <i>Robert Northland</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Ann. Hall</i>		Mother's Birthplace <i>do</i>					
Name of person giving information <i>Sallie Crout</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <i>Old age</i>		How long <i>89 y</i>	
Immediate <i>Breumman</i>		How long <i>10 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jes. H. Bellows M.D.</i>	
Address <i>Westminster</i>		Address <i>Westminster</i>	
Accident or Suicide? <i>no</i>		Address <i>Westminster</i>	

Westminster Cemetery

Name
in
Full

Mary E. Miller.

305
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>65</i> Years	Months <i>11</i>	Days <i>25</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Occupation <i>Housekeeper</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jacob Miller</i>			
Father's Name <i>David Burgoon</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Ann Snyder</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Jacob Miller</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Encephalomalacia</i>	How long <i>same years</i>
Immediate <i>Paralysis</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>D. F. Shipley, M.D.</i>
	Address <i>Westminster</i>
	<i>Maryland</i>
Accident or Suicide?	

Meadow Branch Cemetery
Stoner.

Name in Full

Certificate of Death

William Henry Miller

Town

County

Died at

MARYLAND

Date 1908.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1908.

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Father's birthplace. — — — Pennsylvania

Mother's birthplace. — — — Pennsylvania

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Uniontown, Md.</i>		County <i>Carroll</i>		MARYLAND	
Date of death	190 <i>8</i>	Month <i>January</i>	Day <i>7</i>	Age <i>7</i>	Years <i>✓</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Uniontown</i>		Months <i>✓</i>	Days <i>✓</i>
Occupation <i>✓</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>✓</i>	Name or Wife or Husband <i>✓</i>				
Father's Name <i>Abram S. Mustbaum</i>	Father's Birthplace <i>Carroll Co.</i>				
Mother's Maiden Name <i>Jessie C. Routson</i>	Mother's Birthplace <i>Carroll Co.</i>				
Name of person giving information <i>Father - Abram Mustbaum</i>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stillborn</i>	<i>S</i>
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Luther S. Kemp</i>
	Address <i>Uniontown, Md.</i>
Accident or Suicide?	

Burial at
Barnet church.

Name
in
Full298
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

County

Date

Month

Day

Years

Months

Days

of death 1908

Jan

11

Age

72

Sex

male

Color or
Race

White

Birth-
place

Ind

Occupation

Farmer

Where Residing if not
at place of death

Westminster Ind

Married, Single
or Widowed

Married

Name of Wife or
Husband

Maria Buckley

Father's
Name

John Onderoff

Father's
Birthplace

unknown

Mother's
Maiden Name

Mary Mathias

Mother's
Birthplace

"

Name of person giving
In formation

Hospital records

How related
to deceased

CAUSES OF DEATH

(68)

PHYSICIAN
OR CORONER

Primary

Organic dementia

How long

18 months

Immediate

Exhaustion

How long

progressive

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Chas. J. Casey

Address

Lykesville Ind.

Accident or Suicide?

no

St Johns Catholic Cemetery

Name
in
Full

Sadie Marie Poole

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

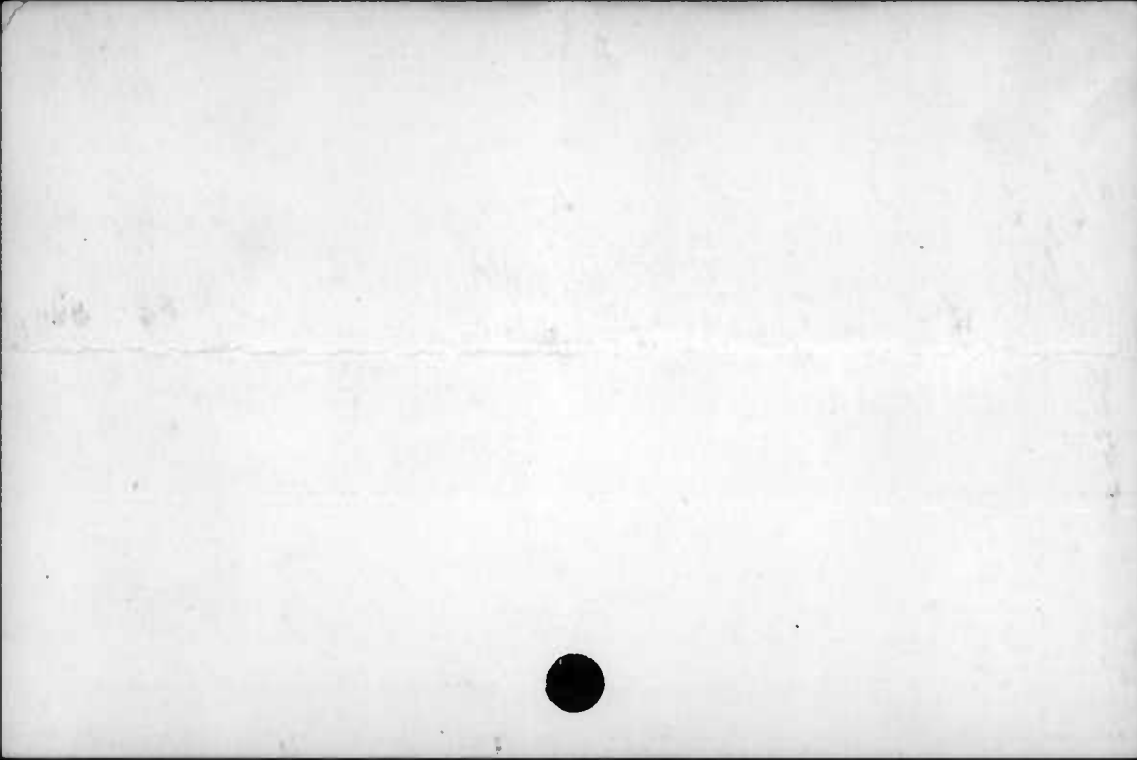
Died at <i>near Eldersburg</i>		Town <i>Eldersburg</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>13</i>	Age <i>4</i>		Years	Months <i>4</i>	Days <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>same</i>				
Married, Single or Widowed <i>single</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Ulysses E. Poole</i>			Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Minnie Warner</i>			Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Miss Mollie Warner</i>			How related to deceased <i>aunt</i>				

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Broncho. Pneumonia</i>	How long <i>1 week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. D. Morris</i>
	Address <i>Eldersburg Md.</i>
Accident or Suicide? <i>no</i>	

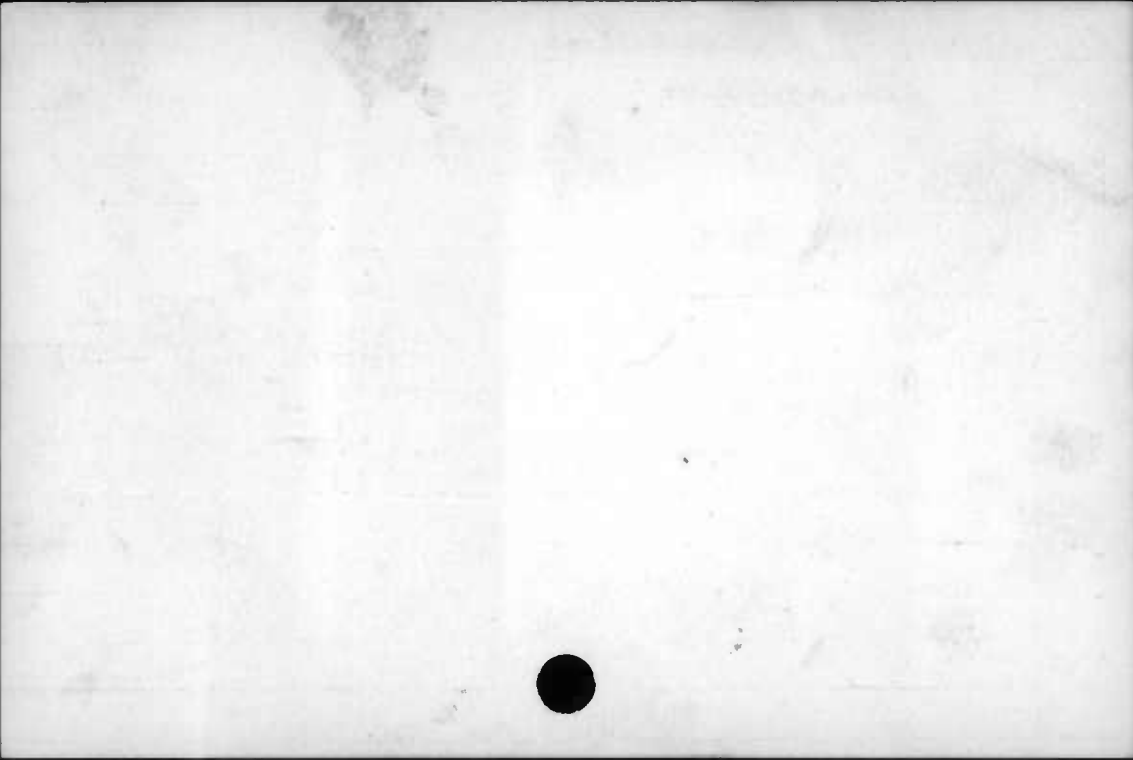


Name
in
Full294
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wrothamshi</u> Town		<u>Canal</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>2</u>	Age <u>Steeb</u>	Months <u>born</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Wrothamshi</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Chas. W. Price</u>			Father's Birthplace <u>Paeto.</u>		
Mother's Maiden Name <u>Hilda Crum</u>			Mother's Birthplace <u>Paeto.</u>		
Name of person giving information <u>Chas. W. Price</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <u>Asphyxiation</u>	How long
	Immediate <u>Respiratory Failure</u>	How long
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	
	Signature of Physician <u>Arthur Bares</u> Address <u>Wrothamshi</u>	
Accident or Suicide? <u>Yes</u>		



Name
in
Full

Mary J Beindollar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Taneytown		County Carroll		MARYLAND	
Date of death		Month 1	Day 26	Years 54	Months 7	Days 19	
Sex	Female		Color or Race	White		Birthplace	Baltimore Ind
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Edward E Beindollar			
Father's Name	Henry Wantz				Father's Birthplace	un known	
Mother's Maiden Name	Clarissa A. Swope				Mother's Birthplace	Taneytown Ind	
Name of person giving information	E. E. Beindollar				How related to deceased	Husband	

CAUSES OF DEATH

43

PHYSICIAN
OR CORONER

Primary	Angio Sarcoma of lung	How long	4 mos
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		L B Irvine M D	
		Address	
		Taney Town	
Accident or Suicide?			



Name in Full

Certificate of Death

Paul H Ruby

Died at ^{Town} near Snickersburg ^{County} Carroll MARYLANDDate 1908 ^{Month} Jan ^{Day} 16 ^{Y.} 3 ^{M.} 8 ^{D.} 6 ^{Native of} Maryland ^{Occupation} none

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living 1

Husband
of

Wife

Father's Name Edward Ruby

Mother's
Maiden Name Agatha Lester

Cause of Primary

Death Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

154

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

Fairview.

Name
in
Full

Sarah Slaybaugh

292
238
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

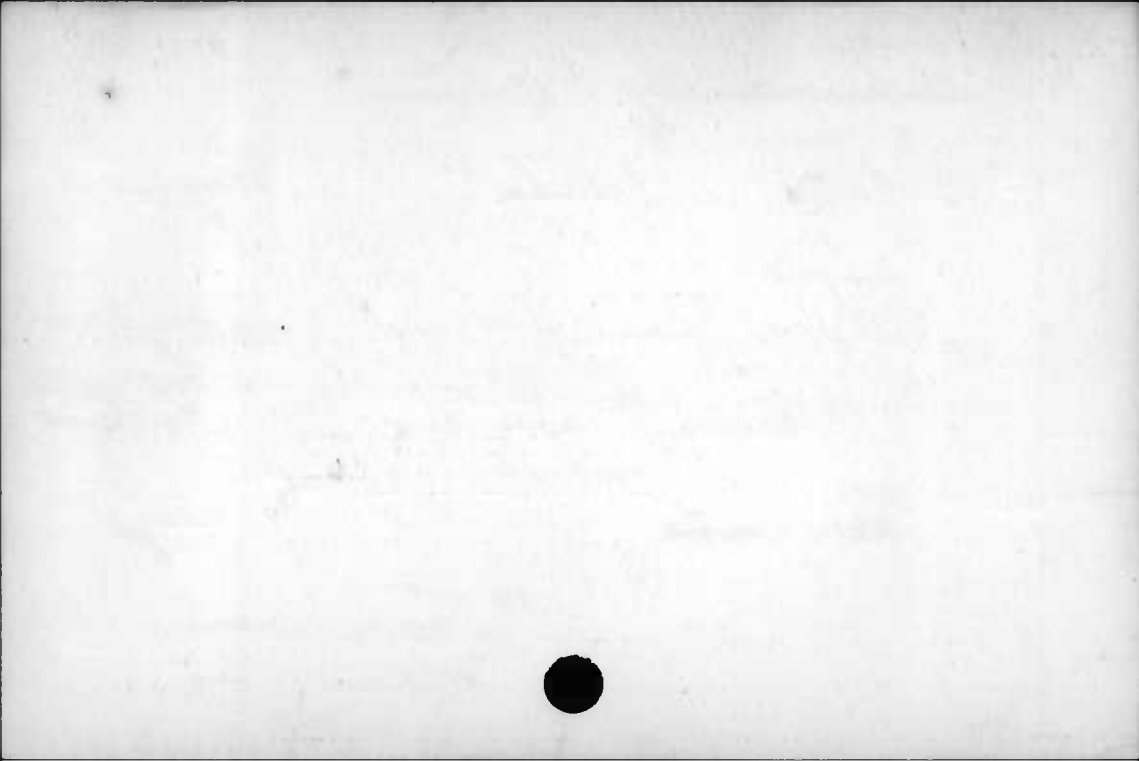
Died at *Westminster* Town *Carroll* County
 Date of death *1908* Month *Jan* Day *2* Age *85* Years Months *9* Days *—*
 Sex *Female* Color or Race *white* Birth-place *Penna*
 Occupation *Retired* Where Residing if not at place of death *Westminster*
 Married, Single or Widowed *Widow* Name of Wife or Husband *Henry Slaybaugh. (Dead)*
 Father's Name *Henry Leoley* Father's Birthplace *Penna*
 Mother's Maiden Name *Sarah Leoley* Mother's Birthplace *Penna*
 Name of person giving information *Samuel Bair* How related to deceased *Son in Law*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Nephritis Chronic* How long *—*
 Immediate *—* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *W. M. Sullivan*
 Address *146 E Main St*
Westminster
 Accident or Suicide? *—*



Name
in
Full

William Francis Snyder

297
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Town Bachmansvalley County Carroll MARYLAND

Died at

Date of death 1908 Month Jan Day 8 Age 8 Years Months Days

Sex Male Color or Race White Birth-place Maryland

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband _____

Father's Name William Francis Snyder Father's Birthplace Maryland

Mother's Maiden Name Alice M. Streig Mother's Birthplace Maryland

Name of person giving information William F. Snyder How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Pneumonia How long 7 days

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thos. O. Coonan, M.D.

Address

Westminster

Md

Accident or Suicide?

St. Rufinus Cemetery
Storer

Name in Full		Arnold Bailey Spencer				293 CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Sandy Mound		County Carroll		MARYLAND	
	Date of death	1908	Month Jan	Day 8	Age 1	Years	Months 3	
	Sex	Male		Color or Race	White		Birth-place Carroll Co Md	
	Occupation			Where Residing if not at place of death				
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		William Spencer			Father's Birthplace		Maryland
Mother's Maiden Name		Nora Jennette Arnold			Mother's Birthplace		Maryland	
Name of person giving information		William Spencer			How related to deceased		Father	
		CAUSES OF DEATH		(93)				
PHYSICIAN OR CORONER	Primary		Pneumonia		How long			14 days
	Immediate				How long			
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			Thos. O. Leonard MD
					Address			Westminster Md
Accident or Suicide?								

Sandy Mount Cemetery
Stones

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Spicer
Died at Still Born, At Alusia Town Carroll County
Date of birth 1908 Month Jan Day 29 Age Years Months Days
Sex Male Color or Race White Birth-place Alusia
Occupation _____ Where Residing if not at place of death _____

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

B. H. Spicer

Father's
Birthplace

Baltimore Md

Mother's
Maiden Name

Ola Walling

Mother's
Birthplace

West Va

Name of person giving
In formation

H. Bergman

How related
to deceased

Friend

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

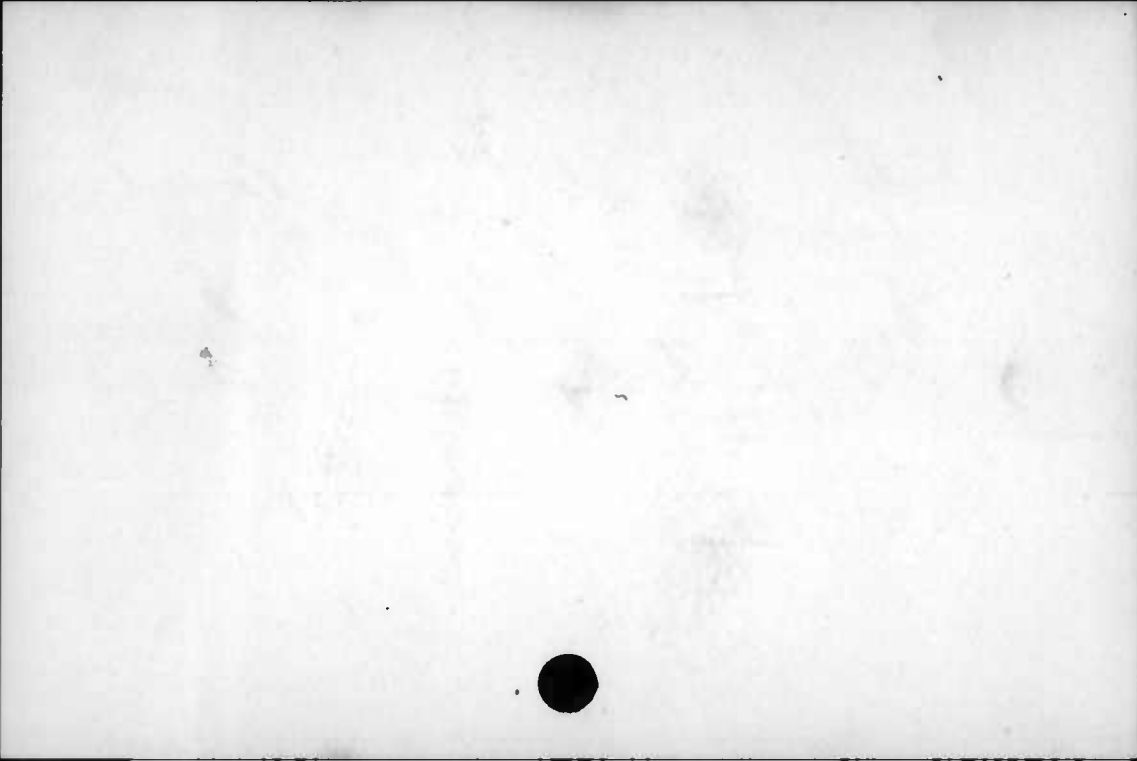
Address

Accident or Suicide?

Still Born

J. A. Weaver

Manchester, Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>James E. Streaker</i>		County <i>Carroll</i>		TOWNT <i>Woodbine</i>		MARYLAND	
Date of death	1908	Month	Jan	Day	22	Age	Years 75- Months 11 Days 13
Sex	Male	Color or Race	white	Birth-place	Howard co		
Occupation	farmer			Where Residing if not at place of death	Woodbine "		
Married, Single or Widowed	Married			Name of Wife	Mary E. Streaker		
Father's Name	Jacob Streaker			Father's Birthplace	Germany		
Mother's Maiden Name	Miss Day			Mother's Birthplace	Howard co.		
Name of person giving information	Ambrose Streaker			How related to deceased	Son		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>apoplexy</i>	How long	—
Immediate	"	How long	6 hours.
Are the name, age, sex, color, date and place, correctly given above?	yes	Signature of Physician	<i>E. D. Brunk</i>
	<i>W. W. Field</i>	Address	<i>Carroll co.</i>
Accident or Suicide?			



Name
in
Full29806
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Name in Full Jesse Sullivane		Town Westminster		County Carroll		State MARYLAND	
Died at near Westminster		Month Jan		Day 22		Age 80	
Date of death 1908		Months 7		Days 29			
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Widower		Name of Wife or Husband Dead					
Father's Name William Sullivane		Father's Birthplace Maryland					
Mother's Maiden Name Catherine Sauble		Mother's Birthplace Maryland					
Name of person giving information John Sullivane		How related to deceased Son					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Old age	How long 6 weeks
Immediate Heart Failure	How long A few hours
Are the name, age, sex, color, data and place correctly given above? Yes	Signature of Physician Jas. H. McEligle
Yes	Address Westminster Md
Accident or Suicide? No -	

St Benjamin Cushing
Storer

Name in Full		Mr. Fannie M. E. Wacherman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Myer District	County Carroll Co		MARYLAND	
	Date of death		1908	Month Jan	Day 25	Age 20	Months —
	Sex		Female		Color or Race	White	
	Occupation		House wife		Birth-place	Penn	
	Married, Single or Widowed		Married		Where Residing if not at place of death At Home		
	Father's Name		Albert J. Herz		Father's Birthplace Maryland		
	Mother's Maiden Name		Mary E. Shull		Mother's Birthplace Maryland		
Name of person giving information		J. A. Wacherman				How related to deceased Husband	
<div>CAUSES OF DEATH</div> <div>93</div>							
PHYSICIAN OR CORONER	Primary		Lobar Pneumonia				How long 6 days
	Immediate		Heart weakness				How long 8 hours
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		E. Lewis Veter		
			Address		Union Mills		
Accident or Suicide?							

Eline

Wards Meeting House

Name
in
Full

Annie Florence Wauz-

310
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pleasant Valley		County Carroll		MARYLAND	
Date of death	1908	Month	Jan	Day	30	Age	27
Sex Female		Color or Race White		Birth-place Carroll Co. Md			
Occupation		Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Harry Wauz-	
Father's Name		Henry Wauz-		Father's Birthplace		Maryland	
Mother's Maiden Name		Lucinda Zircle		Mother's Birthplace		Maryland	
Name of person giving information		Henry Wauz-		How related to deceased		Father	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	6 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Dr. C. M. Brown	
Address		Pleasant Valley Carroll Co. Md	
Accident or Suicide?			

Pleasant Valley Cemetery
Stonewall.

Name
in
Full

Washington Weimer

307

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Year}	<u>Jan</u> ^{Month}	<u>24</u> ^{Day}	Age <u>76</u> ^{Years}	<u>9</u> ^{Months} <u>15</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Retired</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Head Eliza E. Wolf</u>				
Father's Name <u>Joseph Weimer</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mary Evans</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Aretta Weimer</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <u>Emphysema & Bright's Dis.</u>	How long <u>Don't know</u>
Immediate <u>Cerebral Hemorrhage & Strenuous</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>L. Woodward</u>
	Address <u>Westminster Md</u>
Accident or Suicide? <u>No</u>	

St. Bonifacio Cemetery
Notes.

Name
in
Full

Frank E. Yingling ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

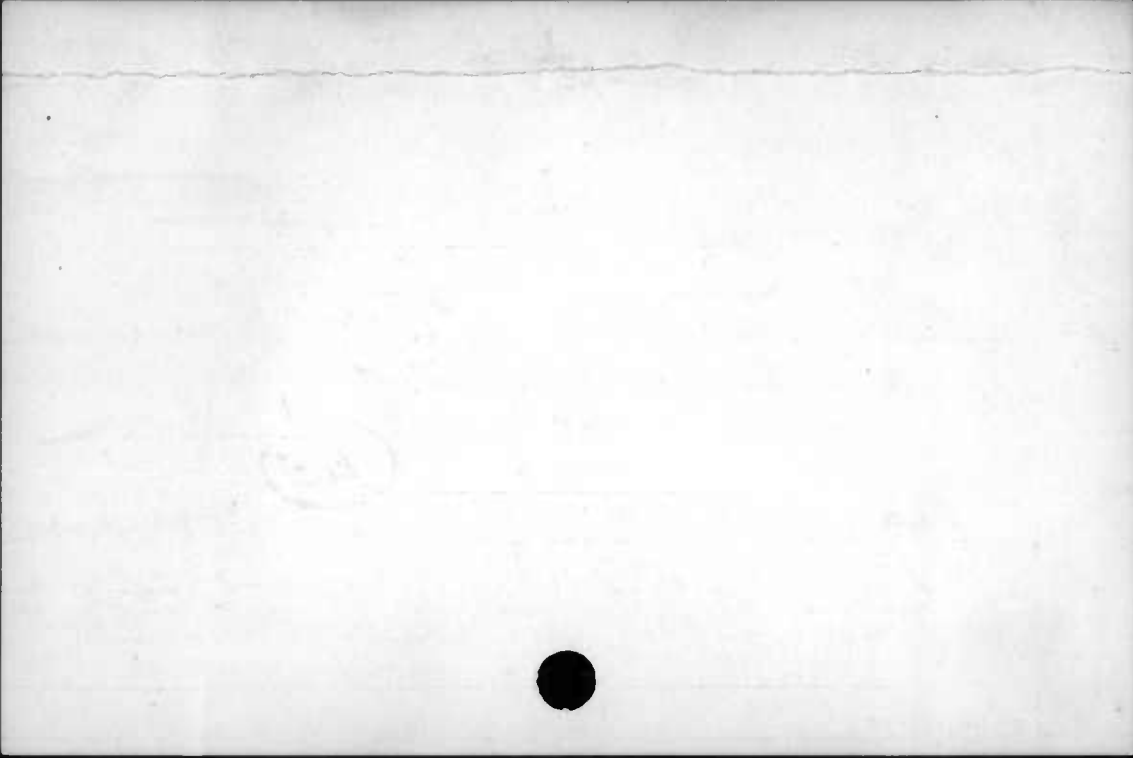
Died at <i>Pleasant Valley</i>		Town		County <i>Carroll Co</i>		MARYLAND	
Date of death <i>Jan 30 1907</i>	Month <i>1</i>	Day <i>30</i>	Age <i>44</i>	Years	Months <i>7</i>	Days <i>24</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Carroll County</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Pleasant Valley</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Sarah Yingling</i>						
Father's Name <i>Frank Yingling</i>	Father's Birthplace <i>Carroll County</i>						
Mother's Maiden Name <i>Sarah Hanson</i>	Mother's Birthplace <i>Carroll County</i>						
Name of person giving information <i>Joseph Yingling</i>	How related to deceased						

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of stomach.</i>	How long <i>one year</i>
Immediate <i>Cancer & old Age</i>	How long <i>one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>M. L. Ratto</i>
	Address <i>Westminster</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Deep Run* *Canoll* Town CountyDate of death *1908* *Jan* *8* Month Day Years Age *75* Months *10* Days *5*Sex *Male* Color or Race *White* Birth-place *Manchester Ind.*Occupation *Farmer* Where Residing if not at place of death _____Married, Single or Widowed *Married* Name of Wife or Husband *Mary A. Gepp*Father's Name *Peter Gepp* Father's Birthplace *Manchester*Mother's Maiden Name *Katherine Mathias* Mother's Birthplace *Manchester*Name of person giving information *Daniel L. Gepp* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Complication of diseases* How long *4 years*Immediate *Pulmonary tuberculosis* How long *3 years*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. Lewis Wetzel M.D.*Address *Union Mills Ind.*Accident or Suicide? *No*

